



**\*\*WAR TIME VETERANS ONLY MAY APPLY\*\***

**APPLICATION FOR VETERANS TO BE HONORED AT THE  
GARY BEIKIRCH VETERANS WAR MEMORIAL AT THE NEW  
GREECE TOWN HALL**

**APPLICATION DEADLINE: OCTOBER 31, 2011**  
**NAMES WILL BE DEDICATED ON MEMORIAL DAY, 2012.**

**\* A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH VETERAN**

**\*\* A COPY OF HONORABLE DISCHARGE FORM DD-214 OR EQUIVALENT MUST BE  
ATTACHED OR APPLICATION WILL BE RETURNED**

Please read the instructions on the reverse side of this application for clarification in completing this application. Instructions for each question on this application are explained fully.

1. **FULL NAME OF VETERAN: (Please Print or Type)**


2. In the squares provided above, place the name of Veteran, EXACTLY as you would like it to appear on the memorial. (22 CHARACTER MAXIMUM)

3. Is this Veteran currently \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Died in Conflict

4. If Living, does this Veteran currently reside in the Town of Greece \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Greece address where Veteran currently resides: \_\_\_\_\_ Number of years at this address \_\_\_\_\_  
Property Owner's Name \_\_\_\_\_

6. If living OR deceased, list any other Town of Greece address(s) where the Veteran resided, the Property Owner's Name, (if not owned by the Veteran him/herself), and number of years at each address:

Address	Property Owner's Name	# Years There
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If any of the above property owners' last names differ from the Veteran's, please explain the Veteran's relationship to property owner:

\_\_\_\_\_

8. During which War or Conflict did the Veteran serve:

\_\_\_\_\_

9. **NAME AND ADDRESS OF PERSON MAKING APPLICATION:**

_____	Phone (Work) _____
_____	Phone (Home) _____
_____	

10. Your Relationship to this Veteran

\_\_\_\_\_

11. Should you have questions concerning completion of the form please call Kathryn Firkins at 225-2000. Return your completed application and copy of your separation papers to the following address: KATHRYN FIRKINS, TOWN OF GREECE, CONSTITUENT SERVICES, 1 VINCE TOFANY BLVD., GREECE, NEW YORK, 14612